

PTO/SB/21 (08-03)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/322,289
		Filing Date	May 28, 1999
		First Named Inventor	Schenk, Dale B.
		Art Unit	1647
		Examiner Name	Turner, Sharon L.
Total Number of Pages In This Submission	3	Attorney Docket Number	15270J-004740US

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Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli	Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>	
Date	April 14, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on April 14, 2004		
Typed or printed name	Rosemarie L. Celli	
Signature	<i>Rosemarie L. Celli</i>	Date April 14, 2004

60193903 v1

PTO/SB/31 (08-03)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 15270J-004740US
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on <u>April 14, 2004</u> . Signature <u>Rosemarie L. Celli</u> Typed or printed name <u>Rosemarie L. Celli</u>		In re Application of Schenk, Dale B. Application Number 09/322,289 Filed May 28, 1999 For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE Art Unit 1647 Examiner Turner, Sharon L.
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$330.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$.
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
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<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		<u>Rosemarie L. Celli</u> Signature
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>Rosemarie L. Celli</u> Typed or printed name
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,397</u>		<u>650-326-2422</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____		<u>April 14, 2004</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
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